

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Office of Health Care Access

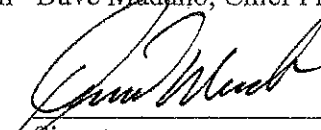
Certificate of Need Equipment Replacement Notification Form

Pursuant to 19a-638(b)(18), an existing imaging equipment may be replaced, if such equipment was acquired through certificate of need approval or a certificate of need determination, provided a health care facility, provider physician or a person notifies OHCA of the date on which the equipment is replaced and the disposition of the replaced equipment.

Please complete the following:

Provider Name & Address:	Orthopedic Associates of Hartford, P.C. 85 Seymour St., Suite # 607 Hartford, CT 06106
Name and description of the equipment to be replaced:	1 Tesla, ONI Medical Inc., OrthOne, MRI scanner
Docket or Report number of the CON authorization of the existing imaging equipment being replaced:	Determination Number 11-31685-DTR
Address of the existing imaging equipment:	85 Seymour St., Suite # 607 Hartford, CT 06106
Name and description of the replacement equipment:	1.5 Tesla, GE Medical Systems, Optima MR450w, MRI scanner
Location where replacement equipment will be operated:	399 Farmington Ave., Suite 110 Farmington, CT 06032
The date the replaced equipment was replaced:	Replacement scanner went live on December 3, 2012
The disposition of the replaced equipment	GE Medical Systems is removing and taking ownership of the old scanner as a "trade in."

Person Completing the form Dave Mudano, Chief Financial Officer


Signature

12/6/12
Date